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WESTERN DISTRICT OF WASHINGTON
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BY

Judge James L. Robart



08-CV-01078-ORD

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

10
11 UNITED STATES OF AMERICA,)
12)
13 Plaintiff,)
14 v.) Case No. 08-CV 01078-JLR
15 PETER EGNER,)
16)
17 Defendant.)
18

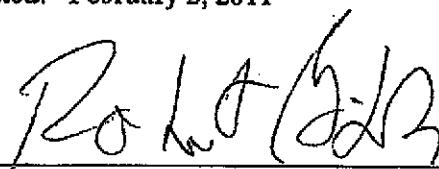
19 **STIPULATION OF DISMISSAL**

20 Pursuant to Federal Rule of Civil Procedure 41(a)(1)(A)(ii), counsel for Plaintiff, the
21 United States of America, and Defendant, Peter Egner, file this Stipulation of Dismissal
22 based upon the death of Defendant, Peter Egner. Mr. Egner's death certificate is attached
23 hereto.

24 Based upon this Stipulation of Dismissal and Mr. Egner's death, undersigned counsel
25 also request the Court to lift the Stipulated Protective Order entered by the Court in this case
26 on August 8, 2010.

27 Defendant is not entitled to, and will not be requesting, attorneys' fees and costs.
28

1 Dated: February 2, 2011

2 
3

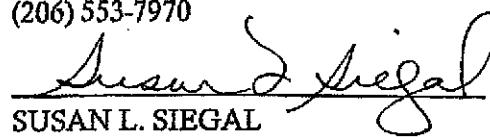
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22 Counsel for Plaintiff

23 It is SO ORDERED.

24 Dated this 5 day of February, 2011



25 THE HONORABLE JAMES L. ROBART
26 United States District Court Judge

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE

856

Washington State Certificate of Death					State File Number		
1. Legal Name (Include AKA's, if any) First PETER		Middle 	LAST EGNER	Suffix 	2. Death Date Jan. 26, 2011		
3. Sex (MF) Male	4a. Age - Last Birthday 88	4b. Under 1 Year Months 	4c. Under 1 Day Hours 	4d. Minutes 	5. Social Security Number 6801	6. County of Death King	
7. Birthdate 1922	8a. Birthplace (City, Town, or County) Crvenka	8b. (State or Foreign Country) Yugoslavia	8c. Decedent's Education 8th Grade		8d. Decedent's Race(s) Caucasian		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian			12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th SL) (Include Apt. No.) 1750 152nd Ave NE C210			13b. City or Town Bellevue				
13c. Residence: County King		13d. Tribal Reservation Name (if applicable) 		13e. State or Foreign Country Washington		13f. Zip Code + 4 98007	13g. Inside City Limits? □ Yes □ No □ Unk
14. Estimated length of time at residence. 5 Years & 6 Months		15. Marital Status at Time of Death Widower		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Food & Beverage Director				18. Kind of Business/Industry (Do not use Company Name) Hotel Industry			
19. Father's Name (First, Middle, Last, Suffix) Johann Egner				20. Mother's Name Before First Marriage (First, Middle, Last) Katherine Geise			
21. Informant's Name 		22. Relationship to Decedent 		23. Mailing Address: Number and Street or P.O. Box City or Town State Zip			
24. Place of Death, If Death Occurred in a Hospital Inpatient				Place of Death, If Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) Overlake Hospital				26a. City, Town, or Location of Death Bellevue		26b. State WA	27. Zip Code 98004
28. Method of Disposition Cremation				29. Place of Final Disposition (Name of cemetery, crematory, other place) Seattle Service Group Crematory		30. Location-City/Town, and State Seattle, WA	
31. Name and Complete Address of Funeral Facility Sunset Hills Funeral Home 1215-145th Place SE Bellevue, WA 98007				32. Date of Disposition January 31, 2011			
33. Funeral Director Signature Susan Broder							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							Interval between Onset & Death 24 hours
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metabolic Acidosis							Interval between Onset & Death 2 days
Due to (or as a consequence of): b. Pancreatitis							Interval between Onset & Death
Sequently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST							Interval between Onset & Death
d.							Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above None				36. Autopsy? □ Yes □ No		37. Were autopsy findings available to complete the Cause of Death? □ Yes □ No	
38. Manner of Death □ Natural □ Homicide □ Undetermined □ Suicide □ Pending		39. If female □ Not pregnant within past year □ Pregnant at time of death		40. Did tobacco use contribute to death? □ Yes □ No		41. Date of Injury (Month/Year) 41. Date of Injury (Month/Year) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Ap. No.	
44. Injury at Work? □ Yes □ No □ Unk		45. Location of Injury: Number & Street: City or Town County State Zip Code + 4		46. Describe how Injury occurred		47. If transportation injury, specify: □ Driver/Operator □ Pedestrian □ Passenger □ Other (Specify)	
48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated John Riddick, MD				48b. Medical Examiner/Coroner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated X			
49. Name and Address of Certifying Physician, Medical Examiner or Coroner (Type or Print) 1511 10th Ave Bellevue WA 98004				50. Hour of Death (24hrs) 0035			
51. Name and Title of Attending Physician if other than Certifying (Type or Print) 				52. Date Signed (Month/Year) 1/27/11			
53. Title of Certifier MD		54. License Number MD 60041935		55. ME/Coroner File Number 		56. Was case referred to ME/Coroner? □ Yes □ No	
57. Registrar Signature 				58. Date Received (Month/Year) JAN 3 1 2011			
59. Amendments X							